

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT											
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP	
1							51									
2							52		2							
3							53		2							
4							54		2							
5							55		2							
6							56		2							
7							57		2							
8							58		2							
9							59		2							
10							60		2							
11							61		1							
12							62		1							
13							63		①							
14							64	1								
15							65		1							
16							66		1							
17							67		1							
18							68		1							
19							69		1							
20							70		1							
21							71		1							
22							72	1								
23							73		9							
24							74		9							
25							75									
26							76									
27							77									
28							78									
29							79									
30							80									
31							81									
32							82									
33							83									
34							84									
35							85									
36							86									
37							87									
38							88									
39							89									
40							90									
41							91									
42							92									
43							93									
44							94									
45							95									
46							96									
47	1						97									
48							98									
49							99									
50							100									
TOTAL IND.							TOTAL IND.	4								
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS	09								